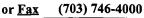
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450





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appropriate. All further con indicated unless corrected be maintenance fee notification	elow or directed otherwise	Patent, advance ord in Block 1, by (a)	lers and no specifying	tification of maintenance a new correspondence ad	fees waddress;	ill be mailed and/or (b) i	to the current ndicating a sepa	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  22852 7590 09/24/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
	NDERSON, FARAI	BOW, GARRE	ETT &		Cert	tificate of M	ailing or Tran	smission g deposited with the United stst class mail in an envelope above, or being facsimile date indicated below.	
WASHINGTON, DC 20005 DEC 2 2 2004								(Depositor's name)	
								(Signature)	
	Ten.	ART OF						(Date)	
APPLICATION NO.	FILING DATE	HADEM	IRST NAME	ED INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
09/937,653 01/18/2002			Giovanni Brandi			05788.0183 5121			
TITLE OF INVENTION: O	PTICAL CABLE FOR <del>TEL</del>	ECOMMUCICATI	ONS-IVI	INICATTOW.	رورك	/23/2004 S	FF1.FKE2 0000	0080 09937653	
					01	FC:1501 FC:8001		1400.00 DP 30.00 DP	
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EXAMINER		ART UNIT		CLASS-SUBCLASS		•	, , ,		
ARTMAN,	2882		385-104000						
CFR 1.363).	address or indication of "F		(1) the n	inting on the patent front pares of up to 3 registered	•		ı_Finneş	gan, Henderson,	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2 Farabow, Garrett &						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3 Dunner, L.L.P.					
	RESIDENCE DATA TO E			· • • •					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified b 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	lata will ap a substitut	pear on the patent. If an e for filing an assignment.	assigno	e is identifi	ed below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	vi e Sistemi S.	-		ilano, Italy				_	
Please check the appropriate	assignee category or category	ories (will not be pri	nted on the	patent): 🖵 Individual	<b>₹</b> Co	rporation or	other private gr	roup entity Government	
4a. The following fee(s) are	enclosed:		Payment o	` '					
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• •	MALL ENTITY status. See			icant is no longer claiming					
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Authorized alignature	4. Cha			Date_		DEC 22			
Typed or printed name	Ernest F. Chap	man		Regist	tration	No2.	5,961		
This collection of information	n is required by 37 CFR 1.3	311. The information	is required	to obtain or retain a bene	fit by tl	he public wh	ich is to file (ar	nd by the USPTO to process)	

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